

# DUPLICATING CENTER SERVICE REQUEST

Requester Name _____ Phone Number _____ Requester E-mail _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Department <span style="border: 1px solid black; padding: 0 5px;">  </span></span> <span>Cost Center <span style="border: 1px solid black; padding: 0 5px;">  </span></span> </div>	Date In _____ Date Due _____ Total No. Pages _____ Total No. Copies _____ Document Title _____ Digital PDF File Provided <input type="checkbox"/>
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Primary Document	Front Cover	Back Cover
<b>Size:</b> <input type="checkbox"/> 8.5 x 11 <input type="checkbox"/> 8.5 x 14 <input type="checkbox"/> 11 x 17 <b>Stock:</b> <input type="checkbox"/> Standard <input type="checkbox"/> Letterhead <input type="checkbox"/> Transparency <input type="checkbox"/> Index <b>Color:</b> <input type="checkbox"/> White <input type="checkbox"/> Other _____ <b>Sides Imaged:</b> Original <input type="checkbox"/> 1 <input type="checkbox"/> 2 Duplicates <input type="checkbox"/> 1 <input type="checkbox"/> 2 <b>Reduction/Enlargement:</b> _____ %	<b>Size:</b> <input type="checkbox"/> 8.5 x 11 <b>Stock:</b> <input type="checkbox"/> Standard <input type="checkbox"/> Index <b>Color:</b> <input type="checkbox"/> White <input type="checkbox"/> Other _____ <b>Sides Imaged:</b> <input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> Both <input type="checkbox"/> None	<b>Size:</b> <input type="checkbox"/> 8.5 x 11 <b>Stock:</b> <input type="checkbox"/> Standard <input type="checkbox"/> Index <b>Color:</b> <input type="checkbox"/> White <input type="checkbox"/> Other _____ <b>Sides Imaged:</b> <input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> Both <input type="checkbox"/> None

Inserts	Finishing Specifications	Distribution Code
<b>Size:</b> <input type="checkbox"/> 8.5 x 11 <b>Stock:</b> <input type="checkbox"/> Standard <input type="checkbox"/> Index <input type="checkbox"/> Tabs <b>Color:</b> <input type="checkbox"/> White <input type="checkbox"/> Other _____ <b>Sides Imaged:</b> <input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> Both <input type="checkbox"/> None	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Collated        <input type="checkbox"/> Bifold  <input type="checkbox"/> Uncollated     <input type="checkbox"/> Trifold  <input type="checkbox"/> Stapled  <input type="checkbox"/> Hole Punch               </div> <div> <input type="checkbox"/> Comb Bound  <input type="checkbox"/> Paper Bound  <input type="checkbox"/> Strip Bound               </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; width: 40px; height: 40px; position: relative;"> <span style="position: absolute; left: -5px; top: 50%; transform: translateY(-50%);"> </span> <span style="position: absolute; right: -5px; top: 50%; transform: translateY(-50%);"> </span> </div> <div style="border: 1px solid black; width: 40px; height: 40px; position: relative;"> <span style="position: absolute; left: -5px; top: 50%; transform: translateY(-50%);"> </span> <span style="position: absolute; right: -5px; top: 50%; transform: translateY(-50%);"> </span> </div> <div style="border: 1px solid black; width: 40px; height: 40px; position: relative;"> <span style="position: absolute; left: -5px; top: 50%; transform: translateY(-50%);"> </span> <span style="position: absolute; right: -5px; top: 50%; transform: translateY(-50%);"> </span> </div> </div> <div style="text-align: center; margin-top: 10px;"> <b>Digital PDF File Requested</b> <input type="checkbox"/> </div>	(Circle appropriate codes) A    Chairpersons/Activity Heads B    Graduate Students C    _____ Year Students D    All Support Personnel E    All Personnel

Additional Detailed Instructions	Office Use Only